



**San Diego County  
Medical Services  
(CMS) Program**

**Drug Formulary**

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January 2006



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# CMS Drug Formulary Introduction

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The CMS Pharmacy and Therapeutics (P&T) Committee determines the content of the formulary. New products will not be covered until approved by the P&T Committee. To request the review of a new product, complete the form at the end of this listing and fax to AmeriChoice at (858) 565-4091.

## Generic Products

1. The CMS Formulary is generic based.
2. All forms of the products listed (oral, topical, and dosages) are covered.
3. When a brand name drug is ordered and a generic equivalent is available, the generic will be dispensed by the pharmacy. The prescriber must justify any exception.

## Maximum Allowable Limits

Except as otherwise prescribed or noted below, patients can receive a 30-day supply of prescribed medications. Exceptions:

- Covered narcotics are limited to 60 tablets per month unless recommended by Pain Management (documentation required);
- Steroid inhalants are limited to 2 inhalers per month; Pulmicort/Serevent: limited to 1 per month

## Code I Restrictions

Products with this notation are restricted to amount, by diagnosis, or step therapy.

## Formulary Exclusions

- Drugs prescribed for conditions not covered by CMS
- All OTC products not included in this listing or not prescribed.
- Psychotropic and psychotherapeutic drugs prescribed for mental health conditions
- Oral birth control and birth control devices for non-pathological reasons
- Nicotine and smoking cessation products
- Organ anti-rejection medications
- Experimental drugs and drugs used for non-FDA approved indications
- Drug and alcohol abuse treatment

## Authorization Policy

**Every provider has the right to request coverage of a non-formulary medication.** Medical justification for using a non-formulary medication is required.

**To assist in obtaining a formulary over-ride in a timely manner, the following pages list the prior approval requirements for the most commonly prescribed non-formulary medications.**

Complete the CMS Prior Authorization form and fax to NMHC/PCN Professional Services at **800-945-1815**.

## Denials and Appeals

When a product is excluded or is not medically justified, NMHC/PCN will issue a provisional denial to the pharmacy and the prescriber. If the CMS Program Medical Director completes the denial, the prescriber and the patient are issued written notification. Appeals are made directly to the CMS Program; instructions are incorporated in the denial notice.

# CMS Drug Formulary Introduction

DRUG	CRITERIA
ADVAIR	<ul style="list-style-type: none"> <li>▪ Ordered by Pulmonology               <ul style="list-style-type: none"> <li>– Step Therapy: Tried/failed formulary products (claim history)</li> </ul> </li> </ul>
BACLOFEN	<ul style="list-style-type: none"> <li>▪ Restricted to diagnosis of Spinal Cord Injury or Multiple Sclerosis</li> </ul>
CIPRO	<ul style="list-style-type: none"> <li>▪ Ordered by Infectious Disease</li> <li>▪ Other submissions: Diagnosis and previous therapies required</li> </ul>
COREG	<ul style="list-style-type: none"> <li>▪ Therapeutic substitution: generic metoprolol</li> <li>▪ Plan Exclusion: Available only for the following exceptions               <ul style="list-style-type: none"> <li>– Ordered by Cardiology for diagnosis of CHF with documentation of ejection fraction (&lt;40%)</li> </ul> </li> <li>▪ Continuation of therapy (claim history)</li> </ul>
DIFLUCAN	<ul style="list-style-type: none"> <li>▪ Diagnosis required               <ul style="list-style-type: none"> <li>– Immunocompromised (cancer, chronic steroid use, etc)</li> </ul> </li> <li>Diabetic with onychomycosis</li> </ul>
DIOVAN	<ul style="list-style-type: none"> <li>▪ Therapeutic substitution: Lisinopril</li> <li>▪ Diagnosis required (Diabetes, Congestive Heart Failure)</li> <li>▪ Step Therapy: Tried/failed other formulary cardiovascular agents or ACE inhibitors due to cough</li> </ul>
EPOGEN	<ul style="list-style-type: none"> <li>▪ Submit hematocrit value. Covered only for:               <ul style="list-style-type: none"> <li>– Renal failure</li> </ul> </li> <li>Anemia related to cancer therapy</li> </ul>
FOSAMAX BONIVA	<ul style="list-style-type: none"> <li>▪ Calcium is formulary</li> <li>▪ Documentation required for the following diagnoses               <ul style="list-style-type: none"> <li>– Pagets Disease</li> <li>– Osteoporosis with history of compression fracture(s)</li> <li>– Dexascan T score of <math>\leq 2.5</math></li> </ul> </li> </ul>
IMITREX	<ul style="list-style-type: none"> <li>▪ Ordered by Neurology</li> <li>▪ Continuation of therapy (claim history)</li> </ul>
LA NTUS	<ul style="list-style-type: none"> <li>▪ Ordered by Endocrinology</li> <li>▪ Patient enrolled in Project Dulce (note on RX)</li> <li>▪ Step Therapy: Tried/failed other insulins (claim history)</li> <li>▪ Continuation therapy (indicate if continuation from a previous Health Plan)- documentation required</li> </ul>
LIPITOR	<ul style="list-style-type: none"> <li>▪ Covered for <b>20mg</b> (#30/30 days) <b>and 80 mg</b> (#15/30 days)               <ul style="list-style-type: none"> <li>– Pill splitter covered by CMS</li> </ul> </li> <li>▪ Dosage increase allowed following 60 days therapy of the lower dose</li> <li>▪ Prior authorization required for daily dosage of 80 mg               <ul style="list-style-type: none"> <li>Submit results of last 3 lipid panels</li> </ul> </li> </ul>

# CMS Drug Formulary Introduction

DRUG	CRITERIA
NARCOTICS	Reviews will be instituted for any one of the following: <ul style="list-style-type: none"> <li>▪ A non-formulary narcotic is prescribed</li> <li>▪ 2 formulary short-acting agents are prescribed</li> <li>▪ 2 formulary long-acting agents are prescribed</li> </ul>
NEUPOGEN	<ul style="list-style-type: none"> <li>▪ Ordered by Oncology               <ul style="list-style-type: none"> <li>– Conjunctive to chemotherapy</li> </ul> </li> </ul>
NEURONTIN	<ul style="list-style-type: none"> <li>▪ Approved <u>only</u> for diagnoses of seizures or neurogenic pain</li> <li>▪ Maximum dosage 3600 mg/day</li> <li>▪ Step therapy for neurogenic pain</li> <li>▪ Tried/failed Tricyclic antidepressant AND Carbamazepine (claim history)</li> </ul>
NORVASC	<ul style="list-style-type: none"> <li>▪ Continuation of therapy only (claim history or previous Health Plan)</li> </ul>
PLAVIX	<ul style="list-style-type: none"> <li>▪ Ordered by Cardiology               <ul style="list-style-type: none"> <li>– Post-stent treatment</li> <li>– Continuation of therapy (claim history)</li> </ul> </li> <li>▪ Step Therapy: Tried/failed ASA therapy and high risk for CVA, PVD, TIA or unstable angina</li> </ul>
PROTONIX (and other PPI)	<ul style="list-style-type: none"> <li>▪ Plan Exclusion – Use therapeutic substitution               <ul style="list-style-type: none"> <li>– OTC Prilosec</li> </ul> </li> <li>▪ generic cimetidine and ranitidine</li> </ul>
SKELAXIN	<ul style="list-style-type: none"> <li>▪ Tried and failed at least two (2) preferred agents</li> </ul>
ULTRAM	<ul style="list-style-type: none"> <li>▪ Ordered by Neurology or Pain Management/ Anesthesiology               <ul style="list-style-type: none"> <li>– Maximum dosage 240/month</li> <li>– Narcotics contradicted (risk of substance abuse)</li> <li>– Tried/failed 2 narcotics/narcotic combo (claim history)</li> </ul> </li> <li>▪ Continuation of therapy (claim history)</li> </ul>
VALIUM	<ul style="list-style-type: none"> <li>▪ Plan Exclusion: Available only for the following diagnoses               <ul style="list-style-type: none"> <li>– Acute muscle spasm (Limited to 30 tablets)</li> <li>– Seizures/ MS</li> </ul> </li> <li>▪ Ordered by Oncology for cancer related anxiety</li> </ul>
ZETIA	<ul style="list-style-type: none"> <li>▪ Step Therapy: Tried/failed maximum statin therapy (claim history)</li> <li>▪ Severe adverse reaction to statins - submit documentation and lab data</li> </ul>
ZOFRAN	<ul style="list-style-type: none"> <li>▪ Ordered by Oncology</li> </ul>



**DRUG PRIOR AUTHORIZATION REQUEST**  
CONFIDENTIAL PATIENT INFORMATION

**SAN DIEGO CMS PROGRAM**

Fax To: 916-414-4601 Mail To: NMHCRx  
9343 Tech Center Drive, Sacramento, CA. 95826

Online: Register at www.NMHCRx.com to submit prior authorizations on the Internet.  
1-(800) 777-0074 for Customer Service Help Desk

Top portion and medication request information to be completed by physician requesting prior authorization.

URGENT REQUEST (check here) \_\_\_ (Fax To Urgent Fax Line 916-414-4602 Abuse will be monitored)  
(MUST be reserved for requests that are potentially life threatening or pose a significant risk to the continuous care of the patient, in the provider's best professional judgment. NMHCRX Clinical Pharmacists reserve judgment of urgency and must meet definition above, therefore, please explain the reason for urgency below.)

Name of Member's Health Plan:	
Date of Request:	Physician Name:
MD office Contact Person:	Physician's Specialty:
Physician's Fax Number:	Physician's Phone Number:
Physician's ID:	Provider Signature: _____

Pharmacy Name:	Pharmacy Fax Number: (    )
Pharmacy Contact:	Pharmacy Phone Number: (    )
Pharmacy NABP #:	Provider Signature: _____

Patient Name (last, first, MI):		Patient ID number:	
Sex: Male    Female	DOB:	Phone #: (    )	

**MEDICATION REQUEST**

NEW     RENEWAL     RENEWAL ORIGINAL RX DATE: \_\_\_\_\_

DIAGNOSIS (LIST RELEVANT):

CURRENT MEDICATION(S):

**FORMULARY DRUGS TRIED AND MEDICAL JUSTIFICATION:**

\_\_\_\_\_

\_\_\_\_\_

DRUG AND STRENGTH: \_\_\_\_\_ NDC: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_ MONTHLY QTY \_\_\_\_\_ REFILLS: \_\_\_\_\_

**FOR NMHCRX CUSTOMER USE ONLY**

Approved \_\_\_ Denied \_\_\_ Deferred for Additional Information \_\_\_ Approved As Modified \_\_\_ Pt. Not Eligible \_\_\_

COMMENTS:

Authorizing Signature _____	Date _____
NDC _____	VALID: _____ EXPIRES: _____

# CMS Drug Formulary Listing

CATEGORY DESCRIPTION	GENERIC NAME	BRAND NAME	FORMULARY RESTRICTIONS
<b>ANALGESICS AND ANESTHETICS</b>			
<b>Analgesics - Anti-Inflammatory</b>			
	Diclofenac Potassium	CATAFLAM	
	Fenoprofen Calcium	NALFRON	
	Ibuprofen	MOTRIN	
	Indomethacin	INDOCIN	
	Methotrexate Sodium (Antirheumatic)	RHEUMATREX	
	Naproxen	NAPROSYN	
	Naproxen Sodium	ANAPROX	
	Sulindac	CLINORIL	
<b>Analgesics - Narcotic</b>			
	<b>SEE PRIOR AUTHORIZATION CRITERIA</b>		
	Acetaminophen w/Codeine	TYLENOL/CODEINE	Short-acting, controlled substances limited to 60 units/month
	Acetaminophen w/Hydrocodone	VICODIN	
	Acetaminophen-Caffeine-Butalbital w/Codeine	FIORICET	
	Aspirin w/Codeine	ASPIRIN/CODEINE	
	Aspirin-Caff-Butalbital w/Codeine	FIORINAL/CODEINE	
	Propoxyphene HCl	DARVOCET	
	Morphine sulfate	MS CONTIN	Long-acting, controlled substances limited to 100 units/month
	Methadone sulfate		
<b>Analgesics - Nonnarcotic</b>			
	Acetaminophen	TYLENOL	
	Acetaminophen-Butalbital	BUPAP	
	Acetaminophen-Caff-Butalbital	FIORICET	
	Aspirin and Combination	ASCRIPITIN	
	Aspirin-Caffeine-Butalbital	FIORINAL	
	Salsalate	SALFLEX	
<b>Gout</b>			
	Allopurinol	ZYLOPRIM	
	Colchicine	COLCHICINE	
	Colchicine w/Probenecid	PROBENECID/COLCHICINE	
	Probenecid	PROBENECID	
	Sulfipyrazone	SULFINPYRAZONE	
<b>Migraine Products</b>			
	APAP-Isometheptene-Dichloral Ergotamine w/Caffeine	MIDRIN CAFERGOT	
<b>Musculoskeletal Therapy Agents</b>			
	Carisoprodol	SOMA	
	Cyclobenzaprine	FLEXERIL	
	Methocarbamol	ROBAXIN	
<b>Tricyclics</b>			
	Amitriptyline	ELAVIL	All are Code 1: Diagnosis of Neuropathy and Pain Management
	Amoxapine	AMOXAPINE	
	Clomipramine	ANAFRANIL	
	Desipramine	NORPRAMIN	

# CMS Drug Formulary Listing

CATEGORY DESCRIPTION	GENERIC NAME	BRAND NAME	FORMULARY RESTRICTIONS
	Doxepin Imipramine Nortriptyline Protriptyline Trimipramine Maleate	SINEQUAN TOFRANIL AVENTYL VIVACTIL SURMONTIL	<b>All are Code 1:</b> Diagnosis of Neuropathy and Pain Management
<b>ANTICONVULSANTS</b>			
<b>Anticonvulsant</b>			
	Carbamazepine Clonazepam	TEGRETOL KLONOPIN	<b>Code 1:</b> Diagnosis of Seizures only
	Divalproex Sodium Ethosuximide Ethotoin Felbamate Fosphenytoin Sodium Lamotrigine Levetiracetam Methsuximide Oxcarbazepine Phenacemide Phenytoin Primidone Tiagabine Topiramate Valproate Sodium Valproic Acid Zonisamide	DEPAKOTE ZARONTIN PEGANONE FELBATOL CEREBYX AMICTAL KEPPRA CELONTIN TRILEPTAL PHENURONE DILANTIN PRIMIDONE GABITRIL TOPAMAX DEPACON DEPAKENE ZONEGRAN	
<b>Antimyasthenic Agents</b>			
	Neostigmine Bromide Pyridostigmine Bromide	PROSTIGMIN MESTINON	
<b>Antiparkinsonian</b>			
	Amantadine HCl Benzotropine Mesylate Biperiden HCl Bromocriptine Mesylate Carbidopa Carbidopa-Levodopa Entacapone Levodopa Pergolide Mesylate Pramipexole Dihydrochloride Procyclidine HCl Ropinirole Hydrochloride Selegiline HCl Tolcapone Trihexyphenidyl HCl	COGENTIN AKINETON PARLODEL LODOSYN SINEMET COMTAN LARODOPA PERMAX MIRAPEX KEMADRIN REQUIP ELDERPRYL TASMAR ARTANE	
<b>Misc. Neurological Agents</b>			
	Glatiramer Acetate	COPAXONE	

# CMS Drug Formulary Listing

CATEGORY DESCRIPTION	GENERIC NAME	BRAND NAME	FORMULARY RESTRICTIONS
<b>ANTIEMETICS</b>			
	Meclizine HCl Prochlorperazine Products	DRAMAMINE COMPAZINE	
<b>ANTIHIISTAMINES</b>			
	Chlorpheniramine Maleate Diphenhydramine HCl Hydroxyzine HCl Hydroxyzine Pamoate Promethazine HCl	CHLO-AMINE BENADRYL ATARAX VISTARIL PHENERGAN	
<b>ANTI-INFECTIVES</b>			
<b>Amebicides</b>			
	Iodoquinol	YODOXIN	
<b>Aminoglycosides</b>			
	Neomycin Sulfate	NEOMYCIN SULFATE	
<b>Anthelmintic</b>			
	<b>All Anthelmintics are covered</b>		
<b>Antifungals</b>			
	Griseofulvin Microsize Griseofulvin Ultramicrosize Ketoconazole Nystatin	GRIFULVIN GRIS-PEG NIZORAL MYCOSTATIN	
<b>Antimalarial</b>			
	Chloroquine Phosphate Hydroxychloroquine Sulfate Primaquine Phosphate Pyrimethamine Quinine Sulfate	ARALEN PLAQUENIL PRIMAQUINE PHOSPHATE DARAPRIM QUININE SULFATE	
<b>Antimycobacterial Agents</b>			
	Isoniazid		
<b>Antiviral</b>			
	Acyclovir	ZOVIRAX	
<b>Cephalosporins</b>			
	Cefixime Cephalexin Monohydrate	SUPRAX KEFLEX	
<b>Fluoroquinolones</b>			
	Ciprofloxacin HCl	CIPRO	Code 1 Diagnosis of UTI
<b>Macrolide Antibiotics</b>			
	Azithromycin Clindamycin HCl	ZITHROMAX CLEOCIN	Code 1: Community-acquired pneumonia only

# CMS Drug Formulary Listing

CATEGORY DESCRIPTION	GENERIC NAME	BRAND NAME	FORMULARY RESTRICTIONS
	Erythromycin Base	ROBIMYCIN	
	Erythromycin Base (Coated)	PCE	
	Erythromycin Estolate	ERYTHROMYCIN	
	Erythromycin Ethylsuccinate		
	Erythromycin Stearate		
<b>Misc. Anti-Infectives</b>			
	Dapsone	DAPSONE	
	Metronidazole	FLAGYL	
	Trimethoprim/Sulfamethoxazole	BACTRIM/BACTRIM DS	
<b>Penicillins</b>			
	Amoxicillin	TRIMOX	
	Amoxicillin & Pot Clavulanate	AUGMENTIN	
	Ampicillin	PRINCIPEN	
	Dicloxacillin Sodium	DYNAPEN	
	Penicillin V Potassium	VEETIDS	
<b>Sulfonamides</b>			
	Sulfisoxazole	SULFISOXAZOLE	
	Sulfisoxazole Acetyl	GANTRISIN	
<b>Tetracyclines</b>			
	Doxycycline Hyclate	VIBRAMYCIN	
	Tetracycline HCl	SUMYCIN	
	Iodoquinol	YODOXIN	
<b>ANTI-ASTHMATICS</b>			
	Albuterol Sulfate	ALBUTEROL SULFATE	
	Aminophylline	AMINOPHYLLINE	
	Dyphylline	LUFYLLIN	
	Ipratropium Bromide	ATROVENT	
	Oxtriphylline	OXTRIPHYLLIN	
	Theophylline	THEOPHYLLINE	
<b>Inhalers</b>			
	Albuterol	PROVENTIL	
	Albuterol-Ipratropium	COMBIVENT	Code 1: COPD only
	Beclomethasone Dipropionate	BECLOVENT	Limit 2/month
	Budesonide (Inhalation)	PULMICORT	Limit 1/month
	Cromolyn Sodium	CROMOLYN	
	Pirbuterol Acetate	MAXAIR	
	Salmeterol Xinafoate	SEREVENT	Limit 1/month
	Terbutaline Sulfate	BRETHINE	
	Triamcinolone Acetonide/(Inhalant)	AZMACORT	Limit 2/month
<b>Medical Devices</b>			
	Peak Flow Meter	ASSESS PEACK FLOW METER	
	Respiratory Therapy Supplies	INSPIREASE	
	Sodium Chloride Inhalant	SALINE	
	Water, Sterile		
<b>ANTI-NEOPLASTIC AGENTS</b>	<b>All Anti-Neoplastic Agents are covered when prescribed by Oncology</b>		

# CMS Drug Formulary Listing

CATEGORY DESCRIPTION	GENERIC NAME	BRAND NAME	FORMULARY RESTRICTIONS
<b>CARDIOVASCULAR AGENTS</b>			
<b>ACE Inhibitors</b>			
	Captopril	CAPOTEN	
	Lisinopril	PRINIVIL	
	Benzapril	LOTENSIN	
	Enalapril Maleate	VASOTEC	
<b>Alpha blockers</b>			
	Doxazosin Mesylate	CARDURA	
<b>Antianginal Agents</b>			
	Isosorbide Dinitrate	ISORDIL	
	Isosorbide Mononitrate	ISMO	
	Nitroglycerin	TRANSDERMAL-NTG	
<b>Antiarrhythmic</b>			
	Adenosine	ADENOCARD	
	Bretylum Tosylate	BRETYLIUM	
	Disopyramide Phosphate	NORPACE CR	
	Dofetilide	TIKOSYN	
	Flecainide Acetate	TAMBOCOR	
	Ibutilide Fumarate	CORVERT	
	Mexiletine HCl	MEXILETINE	
	Moricizine HCl	ETHMOZINE	
	Procainamide HCl	PRONESTYL	
	Propafenone HCl	RYTHMOL	
	Quinidine Gluconate	QUINIDINE	
	Quinidine Sulfate	QUINIDEX	
	Tocainide HCl	TONOCARD	
<b>Anticoagulants</b>			
	Enoxaparin Sodium	LOVENOX	PA for > 7 days therapy
	Warfarin Sodium	COUMADIN	
<b>Antihyperlipidemic</b>			
	Atorvastatin Calcium	LIPITOR*	Diagnosis of CVD or DM and LDL >130mg/dl required. Step therapy encouraged. *(See PA Criteria)
	Lovastatin	MEVACOR	
	Gemfibrozil	LOPID	
<b>Beta Blockers</b>			
	Atenolol	TENORMIN	
	Metoprolol Tartrate	LOPRESSOR	
	Propranolol HCl	INDERAL , INDERAL LA	
	Sotalol HCl	BETAPACE	
<b>Calcium Blockers</b>			
	Diltiazem HCl	CARDIZEM	
	Felodipine	PLENDIL	
	Isradipine	DYNACIRC	
	Nifedipine	ADALAT CC	
	Nimodipine	NIMOTOP	
	Verapamil HCl	ISOPTIN	

# CMS Drug Formulary Listing

CATEGORY DESCRIPTION	GENERIC NAME	BRAND NAME	FORMULARY RESTRICTIONS
<b>Cardiotonics</b>			
	Digoxin	LANOXIN	
<b>Diuretics</b>			
	Acetazolamide	DIAMOX	
	Furosemide	LASIX	
	Hydrochlorothiazide	HYDRODIURIL	
	Methazolamide	METHAZOLAMIDE	
	Metolazone	ZAROXOLYN	
	Spironolactone	ALDACTONE	
	Spironolactone & HCTZ	ALDACTAZIDE	
	Triamterene & HCTZ	DYAZIDE	
<b>Misc. Hematological</b>			
	Dipyridamole	PERSANTINE	
<b>Other Hypertensive Adrenergic Blockers</b>			
	Clonidine HCl	CLONIDINE	
	Hydralazine HCl	APRESOLINE	
	Methyldopa	METHYLDOPA	
	Minoxidil	LONITEN	
	Prazosin HCl	MINIPRESS	
	Terazosin HCl	HYTRIN	
<b>CORTICOSTEROIDS</b>			
	Cortisone Acetate	CORTISONE	
	Dexamethasone	DECADRON	
	Dexamethasone	DEXAMETHASONE ACETATE	
	Fludrocortisone Acetate	FLORINEF	
	Hydrocortisone	HYDROCORTONE	
	Prednisolone	PREDNISOLONE	
	Prednisolone Acetate		
	Prednisolone Sodium Phosphate		
	Prednisone	DELTASONE	
<b>COUGH AND COLD ALLERGY</b>			
<b>Cough/Cold/Allergy</b>			
	<b>Over the counter products</b>		
	Brompheniramine and Combinations		
	Chlorpheniramine and Combinations		
	Dextromethorphan and Combinations		
	Guaifenesin and Combinations		
	Pseudoephedrine and Combinations		
	<b>Narcotic (codeine) cough syrup</b>		<b>Restricted to 240 ml/fill, maximum of 3 fills per month</b>
<b>ENDOCRINE AND METABOLIC AGENTS</b>			
<b>Diabetic Agents</b>			
	Dextrose (Diabetic Use)	GLUTOSE	

# CMS Drug Formulary Listing

CATEGORY DESCRIPTION	GENERIC NAME	BRAND NAME	FORMULARY RESTRICTIONS
<b>Oral Agents</b>			
	Glipizide	GLIPIZIDE	
	Glucagon (rDNA)	GLUCAGON	
	Glyburide	MICRONASE	
	Glyburide Micronized	GLYNASE	
	Metformin HCl	GLUCOPHAGE	
	Metformin sustained release	METFORMIN SR	
	Tolazamide	TOLINASE	
	Tolbutamide	TOLBUTAMIDE	
	Pioglitazone	ACTOS	Second line therapy
	Roglitazone	AVANDIA	Second line therapy
<b>Insulins</b>	<b>NOTE: New insulins are Code-1 for first 6 months: Endocrinology only</b>		
	<b>All insulins are covered</b>		
	Insulin Glargine	LANTUS	<b>Code-1:</b> Project. Dulce or Endocrinology
<b>Diagnostic Products</b>			
	Diabetic testing strips	<b>All are covered</b>	<b>Lifescan and Bayer are preferred.</b> PA for > 200 strips/month
<b>Diabetic Medical Devices</b>			
	Lancets		
	Lancet Devices		
	Insulin Syringes		
	Insulin Needles		
<b>Misc. Endocrine</b>			
	Cabergoline	DOSTINEX	
	Desmopressin Acetate	DDAVP	
<b>Pressors</b>			
	Epinephrine HCl (Anaphylaxis)	EPIPEN	
	Epinephrine-Chlorpheniramine	ANA-KIT	
<b>Thyroid</b>			
	Levothyroxine Sodium	SYNTHROID	Available as DNS
	Liothyronine Sodium	LIOTHYRONINE	
	Methimazole	METHIMAZOLE	
	Propylthiouracil	PROPYLTHIOURACIL	
	Thyroid	ARMOUR THYROID	
<b>GASTROINTESTINAL AGENTS</b>			
<b>Antacids</b>			
	<b>All Antacids are covered</b>		
<b>Anti-Diarrheals</b>			
	Attapulgate	DONNAGEL	
	Bismuth Subsalicylate	PEPTO BISMOL	
	Diphenoxylate w/ Atropine	LOMOTIL	
	Loperamide HCl	IMODIUM A-D	
<b>Digestive Aids</b>			
	Amylase-Lipase-Protease	PANCREASE	
	Lactase	LACTAID	
	Pancrelipase	PANCREAT ENZ CAP EC	

# CMS Drug Formulary Listing

CATEGORY DESCRIPTION	GENERIC NAME	BRAND NAME	FORMULARY RESTRICTIONS
<b>Laxatives</b>			
	Bisacodyl	DULCOLAX	
	Docusate Sodium	EX-LAX STOOL SOFTENER	
	Lactulose	LACTULOSE	
	Magnesium Hydroxide	MILK OF MAGNESIA	
	PEG-Electrolyte	OCL	
	Psyllium	SYLLACT	
	Senna	SENOKOT	
<b>Misc. GI</b>			
	Calcium Acetate (Phosphate Binder)	PHOSLO	
	Lactulose	LACTULOSE	
	Mesalamine	ROWASA	
	Metoclopramide HCl	REGLAN	
	Metoclopramide HCl Monohydrate		
	Simethicone	GAS-X	
	Sulfasalazine	AZULFIDINE	
	Ursodiol	ACTIGALL	
<b>Ulcer Drugs</b>			
	Amoxicillin-Clarithromycin w/Lansoprazole	PREVPAC .....	<b>Limited to: 1 RX each 6 months</b>
	Atropine Sulfate	ATROPINE SULFATE	
	Cimetidine HCl	TAGAMET	
	Dicyclomine HCl	BENTYL	
	Hyoscyamine Sulfate	LEVSIN	
	Omeprazole magnesium	PRILOSEC OTC	
	Phenobarbital & Belladonna Alk	BARBIDONNA	
	Ranitidine HCl	ZANTEC	
	Sucralfate	CARAFATE	
<b>GENITOURINARY PRODUCTS</b>			
<b>Miscellaneous Genitourinary Products</b>			
	Pentosan Polysulfate Sodium	ELMIRON	
	Phenazopyridine HCl	PYRIDIUM	
	Pot & Sod Citrates w/Citric Ac	TRICITRATES	
<b>Urinary Anti-Infectives</b>			
	Nitrofurantoin	NITROFURANTN	
	Nitrofurantoin Macrocrystal	MACRODANTIN	
	Nitrofurantoin Monohyd Macro	MACROBID	
<b>Urinary Antispasmodics</b>			
	Bethanechol Chloride	URECHOLINE	
	Hyoscyamine	CYSTOSPAZ	
	Oxybutynin Chloride	DITROPAN	
<b>NUTRITIONAL PRODUCTS</b>			
<b>Hematopoietic Agents</b>			
	Ferrous Fumarate	FEOSTAT	
	Ferrous Gluconate	FERROUS GLUCONATE	
	Ferrous Sulfate	FER-IN-SOL	
	Ferrous Sulfate Dried	SLOW FE	
	Folic Acid	FOLIC ACID	

# CMS Drug Formulary Listing

CATEGORY DESCRIPTION	GENERIC NAME	BRAND NAME	FORMULARY RESTRICTIONS
<b>Minerals &amp; Electrolytes</b>			
	<b>All over the counter calcium products (generic) are covered</b>		
	Sodium Polystyrene Sulfonate	KAYEXALATE	
<b>Vitamins</b>			
	Dihydrotachysterol	HYTAKEROL	
	Niacin	NIACIN	
	Phytonadione	MEPHYTON	
	Pyridoxine HCl	VITAMIN B-6	Code 1: Only with INH
	Vitamin D	VITAMIN D	
<b>OPHTHALMIC PRODUCTS</b>			
<b>Anti-Infective</b>			
	<b>All Anti-Infectives are covered</b>		
<b>Anti-Inflammatory</b>			
	Cromolyn sodium		
	Naphcon-A		
	Vasocon-A		
<b>Glaucoma</b>			
Adrenergics	Dipivefrine	PROPINE	
	Apraclonidine	IOPIDINE	
	Brimonidine	ALPHAGAN	
Beta-blockers & combinations	Betaxolol	BETOPTIC-S	
	Carteolol	OCUPRESS	
	Levobunolol	BETAGAN	
	Timolol	TIMOPTIC	
	Dorzolamide-Timolol	COSOPT	
Carbonic Anhydrase inhibitors	Brinzolamide	AZOPT	
Parasympathomimetics	Pilocarpine	ISO CARPINE	
Prostaglandins	Latanoprost	XALATAN	
	Travoprost	TRAVATAN	
<b>Steroids</b>			
	Dexamethasone (Ophth)	MAXIDEX	Prior Authorization not required when ordered by Ophthalmology
	Dexamethasone Sodium Phosphate	DECADRON	
	Fluorometholone (Ophth)	FML	
	Fluorometholone Acetate	FLAREX	
	Prednisolone Acetate (Ophth)	ECONOPRED PLUS	
	Prednisolone Sodium Phosphate (Ophth)	AK-PRED	
<b>OTIC PRODUCTS</b>			
	Acetic Acid (Otic)	VOSOL	
	Benzocaine & Antipyrine	AURALGAN	
	Carbamide Peroxide (Otic)	MURINE EAR DROPS	
	Hydrocortisone w/ Acetic Acid	VOSOL	
	Neomycin-Polymyxin-HC (Otic)	CORTATRIGEN	

# CMS Drug Formulary Listing

CATEGORY DESCRIPTION	GENERIC NAME	BRAND NAME	FORMULARY RESTRICTIONS
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## TOPICALS

### Anorectal

**All rectal hydrocortisone products are covered**

Hydrocortisone Acetate w/Pramoxine	PROTOFOAM
Mesalimine Enema	ROWASA
Pramoxine HCl Ointment	ANUSOL

### Dermatological

**All Scabicides and Pediculicides are covered**

Allantoin-Coal Tar and Combinations	TEGRIN MED SHA 7%
Bacitracin (Topical) and Combinations	BACITRACIN
Betamethasone Dipropionate (Topical)	MAXIVATE
Calcipotriene	DOVONEX
Capsaicin	ZOSTRIX
Clotrimazole and Combinations	MYCELEX
Coal Tar	COAL TAR
Crotamiton	EURAX
Desoximetasone	TOPICORT
Fluocinolone Acetonide	FLUOCINOLONE ACETONIDE
Fluocinonide	FLUOCINONIDE
Hydrocortisone Products	CORTAID
Ketoconazole	NIZORAL
Ketoconazole (Topical)	KETOCONAZOLE
Lidocaine HCl	LIDOCAINE HCl
Mafenide Acetate	SULFAMYLON
Miconazole Nitrate (Topical)	
Neomycin and Combinations	NEOSPORIN
Nystatin (Topical) and Combinations	
Papain & Urea Products	ACCUZYME
Podofilox	CONDYLOX
Selenium Sulfide	EXSEL
Silver Sulfadiazine	SILVADENE
Tolnaftate	TINACTIN
Triamcinolone Acetonide (Topical)	KENALOG

### Mouth & Throat (Local)

Benzocaine (Mouth-Throat)	CEPACOL MAXIMUM STRENGTH
Lidocaine HCl (Mouth-Throat)	LIDOCAINE VISCOUS
Nystatin (Mouth-Throat)	MYCOSTATIN
Pilocarpine HCl (Oral)	SALAGEN
Triamcinolone Acetonide (Mouth)	KENALOG

# CMS Drug Formulary Index

ACCUZYME.....	10	BACITRACIN.....	9	COGENTIN.....	2	DYNACIRC.....	5
Acetaminophen.....	1	Bacitracin (Topical) and		Colchicine.....	1	DYNAPEN.....	4
Acetaminophen w/Codeine.....	1	Combinations.....	9	COLCHICINE.....	1	Dyphylline.....	4
Acetaminophen w/Hydrocodone.....	1	BACTRIM/BACTRIM DS.....	4	Colchicine w/Probenecid.....	1	ECONOPRED PLUS.....	9
Acetaminophen-Butalbital.....	1	BARBIDONNA.....	8	COMBIVENT.....	4	ELAVIL.....	1
Acetaminophen-Caff-Butalbital.....	1	Beclomethasone Dipropionate.....	4	COMPAZINE.....	3	ELDERPRYL.....	2
Acetaminophen-Caffeine-Butalbital		BECLOVENT.....	4	COMTAN.....	2	ELMIRON.....	8
w/Codeine.....	1	BENADRYL.....	3	CONDYLOX.....	10	Enoxaparin Sodium.....	5
Acetazolamide.....	5	BENTYL.....	8	COPAXONE.....	2	Entacapone.....	2
Acetic Acid (Otic).....	9	Benzocaine & Antipyrine.....	9	CORTAID.....	10	Epinephrine HCl (Anaphylaxis).....	7
ACTIGALL.....	8	Benzocaine (Mouth-Throat).....	10	CORTATRIGEN\ b.....	9	Epinephrine-Chlorpheniramine.....	7
ACTOS.....	6	Benzotropine Mesylate.....	2	CORTISONE.....	6	EPIPEN.....	7
Acyclovir.....	3	BETAGAN.....	9	Cortisone Acetate.....	6	Ergotamine w/ Caffeine.....	1
ADALAT CC.....	5	Betamethasone Dipropionate		CORVERT.....	5	ERYTHROMYCIN.....	3
ADENOCARD.....	5	(Topical).....	9	COSOPT.....	9	Erythromycin Base.....	3
Adenosine.....	5	BETAPACE.....	5	COUMADIN.....	5	Erythromycin Base (Coated).....	3
AKINETON.....	2	Betaxolol.....	9	CROMOLYN.....	4	Erythromycin Estolate.....	3
AK-PRED.....	9	Bethanechol Chloride.....	8	Cromolyn Sodium.....	4	Erythromycin Ethylsuccinate.....	3
Albuterol.....	4	BETOPTIC.....	9	Crotamiton.....	9	Erythromycin Stearate.....	3
Albuterol Sulfate.....	4	Biperiden HCl.....	2	Cyclobenzaprine.....	1	ETHMOZINE.....	5
ALBUTEROL SULFATE.....	4	Bisacodyl.....	7	CYSTOSPAZ.....	8	Ethosuximide.....	2
Albuterol-Ipratropium.....	4	Bismuth Subsalicylate.....	7	Dapsone.....	4	Ethotoin.....	2
ALDACTAZIDE.....	6	BRETHINE.....	4	DAPSONE.....	4	EURAX.....	9
ALDACTONE.....	5	BRETYLIUM.....	5	DARAPRIM.....	3	EX-LAX STOOL SOFTENER.....	7
Allantoin-Coal Tar and		Bretylum Tosylate.....	5	DARVOCET.....	1	EXSEL.....	10
Combinations.....	9	Brimonidine.....	9	DDAVP.....	7	Felbamate.....	2
Allopurinol.....	1	Brinzolamide.....	9	DECADRON.....	6, 9	FELBATOL.....	2
ALPHAGAN.....	9	Bromocriptine Mesylate.....	2	DELTASONE.....	6	Felodipine.....	5
Amantadine HCl.....	2	Brompheniramine and Combinations		DEPACON.....	2	Fenoprofen Calcium.....	1
AMICTAL.....	2	.....	6	DEPAKENE.....	2	FEOSTAT.....	8
Aminophylline.....	4	Budesonide (Inhalation).....	4	DEPAKOTE.....	2	FER-IN-SOL.....	8
AMINOPHYLLINE.....	4	BUPAP.....	1	Desipramine.....	1	Ferrous Fumarate.....	8
Amitriptyline.....	1	Cabergoline.....	7	Desmopressin Acetate.....	7	Ferrous Gluconate.....	8
Amoxapine.....	1	CAFERGOT.....	1	Desoximetasone.....	9	FERROUS GLUCONATE.....	8
AMOXAPINE.....	1, 2, 3	Calcipotriene.....	9	Dexamethasone.....	6	Ferrous Sulfate.....	8
Amoxicillin.....	4	Calcium Acetate (Phosphate Binder)7		Dexamethasone.....	6	Ferrous Sulfate Dried.....	8
Amoxicillin & Pot Clavulanate.....	4	CAPOTEN.....	4	Dexamethasone (Ophth).....	9	FIORICET.....	1
Amoxicillin-Clarithromycin		Capsaicin.....	9	DEXAMETHASONE ACETATE.....	6	FIORINAL/CODEINE.....	1
w/Lansoprazole.....	8	Captopril.....	4	Dexamethasone Sodium Phosphate		FLAGYL.....	4
Ampicillin.....	4	CARAFATE.....	8	(Ophth).....	9	FLAREX.....	9
Amylase-Lipase-Protease.....	7	Carbamazepine.....	2	Dextromethorphan and		Flecainide Acetate.....	5
ANA-KIT.....	7	Carbamide Peroxide (Otic).....	9	Combinations.....	6	FLEXERIL.....	1
ANAPROX.....	1	Carbidopa.....	2	Dextrose (Diabetic Use).....	6	FLORINEF.....	6
ANUSOL.....	9	Carbidopa-Levodopa.....	2	DIAMOX.....	5	Fludrocortisone Acetate.....	6
APAP-Isometheptene-Dichloral.....	1	CARDIZEM.....	5	Diclofenac Potassium.....	1	Fluocinolone Acetonide.....	10
Apraclonidine.....	9	CARDURA.....	5	Dicloxacillin Sodium.....	4	FLUOCINOLONE ACETONIDE.....	10
APRESOLINE.....	6	Carisoprodol.....	1	Dicyclomine HCl.....	8	Fluocinonide.....	10
ARALEN.....	3	Carteolol.....	9	Digoxin.....	5	FLUOCINONIDE.....	10
ARMOUR THYROID.....	7	CATAFLAM.....	1	Dihydrotachysterol.....	8	Fluorometholone (Ophth).....	9
ARTANE.....	2	Cefixime.....	3	DILANTIN.....	2	Fluorometholone Acetate.....	9
ASCRIPTIN.....	1	CELONTIN.....	2	Diltiazem HCl.....	5	Fluvastatin Sodium.....	5
Aspirin and Combination.....	1	CEPACOL MAXIMUM STRENGTH		Diphenhydramine HCl.....	3	FML.....	9
Aspirin w/Codeine.....	1	.....	10	Diphenoxylate w/ Atropine.....	7	Folic Acid.....	8
ASPIRIN/CODEINE.....	1	Cephalexin Monohydrate.....	3	Dipivefrine.....	9	FOLIC ACID.....	8
Aspirin-Caff-Butalbital w/Codeine .1		CEREBYX.....	2	Dipyridamole.....	6	Fosphenytoin Sodium.....	2
Aspirin-Caffeine-Butalbital.....	1	CHLO-AMINE.....	3	DIPYRIDAMOLE.....	6	Furosemide.....	5
ASSESS PEACK FLOW METER.....	4	Chloroquine Phosphate.....	3	Disopyramide Phosphate.....	5	GABITRIL.....	2
ATARAX.....	3	Chlorpheniramine and Combinations		DITROPAN.....	8	GANTRISIN.....	4
Atenolol.....	5	.....	6	Divalproex Sodium.....	2	GAS-X.....	8
Atorvastatin Calcium.....	5	Chlorpheniramine Maleate.....	3	Docusate Sodium.....	7	Gemfibrozil.....	5
Atropine Sulfate.....	8	Cimetidine HCl.....	8	Dofetilide.....	5	Glatramer Acetate.....	2
ATROPINE SULFATE.....	8	CIPRO.....	3	DONNAGEL.....	7	Glipizide.....	6
ATROVENT.....	4	Ciprofloxacin.....	3	Dorzolamide-Timolol.....	9	GLIPIZIDE.....	6
Attapulgit.....	7	CLEOCIN.....	3	DOSTINEX.....	7	GLUCAGON.....	6
AUGMENTIN.....	4	Clindamycin HCl.....	3	DOVONEX.....	9	Glucagon (rdNA).....	6
AURALGAN.....	9	CLINORIL.....	1	Doxazosin Mesylate.....	5	GLUCOPHAGE.....	6
AVANDIA.....	6	Clonazepam.....	2	Doxepin.....	2	GLUTOSE.....	6
AVENTYL.....	2	CLONIDINE.....	6	Doxycycline Hyclate.....	4	Glyburide.....	6
Azithromycin.....	3	Clonidine HCl.....	6	DRAMAMINE.....	2	Glyburide Micronized.....	6
AZOPT.....	9	Clotrimazole and Combinations.....	9	DULCOLAX.....	7	GLYNASE.....	6
AZULFIDINE.....	8	Coal Tar.....	9	DYAZIDE.....	6	GRIFULVIN.....	3
		COAL TAR.....	9				

# CMS Drug Formulary Index

Griseofulvin Microsize .....	3	LIDOCAINE VISCOUS .....	10	Nitrofurantoin Monohyd Macro .....	8	Procyclidine HCl.....	2
Griseofulvin Ultramicrosize .....	3	LIOthyRONINE .....	7	Nitroglycerin .....	5	Promethazine HCl .....	3
GRIS-PEG.....	3	Liothyronine Sodium.....	7	NIZORAL .....	3	PRONESTYL.....	5
Guaifenesin and Combinations.....	6	LIPITOR .....	5	NIZORAL .....	10	Propafenone HCl .....	5
Hydralazine HCl.....	6	Lisinopril.....	4	NORPACE CR.....	5	PROPINE.....	9
Hydrochlorothiazide.....	5	LODOSYN .....	2	NORPRAMIN .....	2	Propoxyphene HCl.....	1
Hydrocortisone.....	6	LOMOTIL .....	7	Nortriptyline.....	2	Propranolol HCl.....	5
Hydrocortisone Acetate		LONITEN.....	6	Nystatin.....	3	Propylthiouracil.....	7
w/Pramoxine .....	9	Loperamide HCl.....	7	Nystatin (Mouth-Throat).....	10	PROPYLTHIOURACIL.....	7
Hydrocortisone Products .....	10	LOPID.....	5	Nystatin (Topical) and Combinations		PROSTIGMIN.....	2
Hydrocortisone w/Acetic Acid.....	9	LOPRESSOR.....	5	OCL.....	7	PROTOFOAM.....	9
HYDROCORTONE.....	6	LOVENOX .....	5	OCUPRESS .....	9	PROTONIX.....	8
HYDRODIURIL.....	5	LUFYLLIN .....	4	Ophthalmic Products		Protriptyline.....	2
Hydroxychloroquine Sulfate.....	3	MACROBID.....	8	Anti-Infectives .....	9	PROVENTIL.....	4
Hydroxyzine HCl.....	3	MACRODANTIN.....	8	Oxcarbazepine.....	2	Pseudoephedrine and Combinations	6
Hydroxyzine Pamoate.....	3	Mafenide Acetate.....	10	OXTRIPHYLLIN.....	4	Psyllium.....	7
Hyoscyamine.....	8	Magnesium Hydroxide.....	7	Oxtriphylline.....	4	PULMICORT.....	4
Hyoscyamine Sulfate .....	8	MAXAIR .....	4	Oxybutynin Chloride.....	8	PYRIDIUM.....	8
HYTAKEROL.....	8	MAXIDEX .....	9	PANCREASE.....	7	Pyridostigmine Bromide.....	2
HYTRIN.....	6	MAXIVATE .....	9	PANCREAT ENZ CAP EC.....	7	Pyridoxine HCl .....	8
Ibuprofen.....	1	Meclizine HCl.....	2	Pancrelipase.....	7	Pyrimethamine.....	3
Ibutilide Fumarate.....	5	MEPHYTON.....	8	Pantoprazole Sodium.....	8	QUINIDEX.....	5
Imipramine.....	2	Mesalamine.....	7	Papain & Urea Products.....	10	QUINIDINE.....	5
IMODIUM A-D.....	7	Meslimine Enema.....	9	PARLODEL .....	2	Quinidine Gluconate.....	5
INDERAL.....	5	MESTINON.....	2	PCE.....	3	Quinidine Sulfate.....	5
INDOCIN.....	1	Metformin HCl.....	6	Peak Flow Meter.....	4	Quinine Sulfate.....	3
Indomethacin.....	1	Methazolamide.....	5	PEGANONE.....	2	QUININE SULFATE.....	3
INSPIREASE.....	4	METHAZOLAMIDE.....	5	PEG-Electrolyte.....	7	Ranitidine HCl.....	8
Insulin Glargine.....	7	Methimazole.....	7	Penicillin V Potassium.....	4	REGLAN.....	7
Insulin Needles.....	7	METHIMAZOLE.....	7	Pentosan Polysulfate Sodium.....	8	REQUIP.....	2
Insulin Syringes.....	7	Methocarbamol.....	1	PEPTO BISMOL.....	7	Respiratory Therapy Supplies.....	4
Iodoquinol.....	3, 4	Methotrexate Sodium		Pergolide Mesylate.....	2	RHEUMATREX.....	1
IOPIDINE.....	9	(Antirheumatic).....	1	PERMAX.....	2	ROBAXIN.....	1
Ipratropium Bromide.....	4	Methsuximide.....	2	PERSANTINE.....	6	ROBIMYCIN.....	3
ISMO.....	5	Methyldopa.....	6	PHENACEMIDE.....	2	Roglitazone.....	6
ISO CARPINE.....	9	METHYLDOPA.....	6	Phenazopyridine HCL.....	8	Ropinore Hydrochloride.....	2
Isoniazid.....	3	Metoclopramide HCl.....	7	PHENERGAN.....	3	ROWASA.....	7, 9
ISOPTIN.....	5	Metoclopramide HCl Monohydrate.....	8	Phenobarbital & Belladonna Alk.....	8	RYTHMOL.....	5
ISORDIL.....	5	Metolazone.....	5	PHENURONE.....	2	SALAGEN.....	10
Isosorbide Dinitrate.....	5	Metoprolol Tartrate.....	5	Phenytoin.....	2	SALFLEX.....	1
Isosorbide Mononitrate.....	5	Metronidazole.....	4	PHOSLO.....	7	SALINE.....	4
Isradipine.....	5	MEXILETINE.....	5	Phytonadione.....	8	Salmeterol Xinafoate.....	4
KAYEXALATE.....	8	Mexiletine HCl.....	5	Pilocarpine.....	9	Salsalate.....	1
KEFLEX.....	3	Miconazole Nitrate (Topical).....	10	Pilocarpine HCl (Oral).....	10	Selegiline HCl.....	2
KEMADRIN.....	2	MICRONASE.....	6	Pioglitazone.....	6	Selenium Sulfide.....	10
KENALOG.....	10	MIDRIN.....	1	Pirbuterol Acetate.....	4	Senna.....	7
KEPPRA.....	2	MILK OF MAGNESIA.....	7	PLAQUENIL.....	3	SENOKOT.....	7
Ketoconazole.....	3	MINIPRESS.....	6	PLENDIL.....	5	SEREVENT.....	4
Ketoconazole.....	10	Minoxidil.....	6	Podofilox.....	10	SILVADENE.....	10
KETOCONAZOLE.....	10	Moricizine HCl.....	5	Pot & Sod Citrates w/Citric Ac.....	8	Silver Sulfadiazine.....	10
Ketoconazole (Topical).....	10	MOTRIN.....	1	Pramipexole Dihydrochloride.....	2	Simethicone.....	8
KLONOPIN.....	2	MURINE EAR DROPS.....	9	Pramoxine HCl Ointment.....	9	SINEMET.....	2
LACTAID.....	7	MYCELEX.....	9	Prazosin HCl.....	6	SINEQUAN.....	2
Lactase.....	7	MYCOSTATIN.....	3, 10	Prednisolone.....	6	SLOW FE.....	8
Lactulose.....	7	NALFRON.....	1	PREDNISOLONE.....	6	Sodium Chloride Inhalant.....	4
LACTULOSE.....	7	NAPROSYN.....	1	Prednisolone Acetate.....	6	Sodium Polystyrene Sulfonate.....	8
Lamotrigine.....	2	Naproxen.....	1	Prednisolone Acetate (Ophth).....	9	SOMA.....	1
Lancet Devices.....	7	Naproxen Sodium.....	1	Prednisolone Sodium Phosphate.....	6	Sotalol HCl.....	5
Lancets.....	7	<b>Narcotic (codeine) cough syrup</b> .....	6	Prednisolone Sodium Phosphate		Spironolactone.....	5
LANOXIN.....	5	Neomycin and Combinations.....	10	(Ophth).....	9	Spironolactone & HCTZ.....	6
LANTUS.....	7	Neomycin Sulfate.....	3	Prednisone.....	6	Sucralfate.....	8
LARODOPA.....	2	NEOMYCIN SULFATE.....	3	PREVPAC.....	8	SULFAMYLLON.....	10
LASIX.....	5	Neomycin-Polymyxin-HC (Otic).....	9	Primaquine Phosphate.....	3	Sulfasalazine.....	8
Latanoprost.....	9	NEOSPORIN.....	10	PRIMAQUINE PHOSPHATE.....	3	Sulfapyrazone.....	1
LESCOL.....	5	Neostigmine Bromide.....	2	Primidone.....	2	SULFINPYRAZONE.....	1
Levetiracetam.....	2	Niacin.....	8	PRIMIDONE.....	2	Sulfisoxazole.....	4
Levobunolol.....	9	NIACIN.....	8	PRINCIPEN.....	4	SULFISOXAZOLE.....	4
Levodopa.....	2	Nifedipine.....	5	PRINIVIL.....	4	Sulfisoxazole Acetyl.....	4
Levothyroxine Sodium.....	7	Nimodipine.....	5	Probenecid.....	1	Sulindac.....	1
LEVSIN.....	8	NIMOTOP.....	5	PROBENECID.....	1	SUMYCIN.....	4
Lidocaine HCl.....	10	NITROFURANTIN.....	8	PROBENECID/COLCHICINE.....	1	SUPRAX.....	3
LIDOCAINE HCL.....	10	Nitrofurantoin.....	8	Procainamide HCl.....	5	SURMONTIL.....	2
Lidocaine HCl (Mouth-Throat).....	10	Nitrofurantoin Macrocrystal.....	8	Prochlorperazine Products.....	3	SYLLACT.....	7
						SYNTHROID.....	7

# CMS Drug Formulary Index

TAGAMET.....	8	TOFRANIL.....	2	Trihexyphenidyl HCl.....	2	VITAMIN D.....	8
TAMBOCOR.....	5	Tolazamide.....	6	TRILEPTAL.....	2	VIVACTIL.....	2
TASMAR.....	2	Tolbutamide.....	6	Trimethoprim/ Sulfamethoxazole....	4	VOSOL.....	9
TEGRETOL.....	2	TOLBUTAMIDE.....	6	Trimipramine Maleate.....	2	Warfarin Sodium.....	5
TEGRIN MED SHA 7%.....	9	Tolcapone.....	2	TRIMOX.....	4	Water, Sterile.....	4
TENORMIN.....	5	TOLINASE.....	6	TYLENOL.....	1	XALATAN.....	9
Terazosin HCl.....	6	Tolnaftate.....	10	TYLENOL/CODEINE.....	1	YODOXIN.....	3, 4
Terbutaline Sulfate.....	4	TONOCARD.....	5	URECHOLINE.....	8	ZANTEC.....	8
Tetracycline HCl.....	4	TOPAMAX.....	2	Ursodiol.....	8	ZARONTIN.....	2
Theophylline.....	4	TOPICORT.....	9	Valproate Sodium.....	2	ZAROXOLYN.....	5
THEOPHYLLINE.....	4	Topiramate.....	2	Valproic Acid.....	2	ZITHROMAX.....	3
Thyroid.....	7	TRAVATAN.....	9	VEETIDS.....	4	ZONEGRAN.....	2
Tiagabine.....	2	Travoprost.....	9	Verapamil HCl.....	5	Zonisamide.....	2
TIKOSYN.....	5	Triamcinolone Acetonide (Mouth).....	10	VIBRAMYCIN.....	4	ZOSTRIX.....	9
Timolol.....	9	Triamcinolone Acetonide (Topical).....	10	VICODIN.....	1	ZOVIRAX.....	3
TIMOPTIC.....	9	Triamcinolone Acetonide/ (Inhalant).....	4	VISTARIL.....	3	ZYLOPRIM.....	1
TINACTIN.....	10	Triamterene & HCTZ.....	6	VITAMIN B-6.....	8		
Tocainide HCl.....	5	TRICITRATES.....	8	Vitamin D.....	8		